	PAIGN CONTRIBUTIONS A		State of Nevada
Name (p	JADA PHYSICAL THE	CAPYASSOCIATION	N PAC
PN	18 105 - 8665	JIICE (II ANDIICANE)	District (if applicable)
Mailing A	ludress (include city and zip code)	9147 702	Telephone No. 1673
E-Mail A	ddress	700	-887.1613
Select A	ppropriate Box(es) CANDIDATE PAC	☐BAG ☐POLPRTY ☐IND EXP☐	AMENDED ANNUAL FILING
П	Annual Filing - Due January 1		
	Period: January 1, 2003 - December 31, 2003	iod: January 1, 2003 – December 31, 2003	
_			FILED#
 ncumber	Report #1 — Due August 31, 2004 ats in an Office with a 4-year term Period:		4\ OCT 2.6 2004
ncumber	nts in an Office with a 6-year term Period:	Jan. 5, 2001 — Aug 26, 2004 Dec. 20, 1998 — Aug 26, 2004	10 MARIGOD
All others Ballot Ac	Period: .	Jan. 1, 2004 – Aug. 26, 2004	IN THE OFFICE OF
<u> </u>		Dec. 5, 2002 – Aug 26, 2004	DEAN HEILER, SECRETARY OF STA
>	Report #2 Due — October 26, 200	4 Aug. 27, 2004 — Oct. 21, 2004	FOR OFFICE USE ONLY
٦	Report #3 Due — January 15, 200		
 ^^ -	Period: (Oct. 22, 2004 Dec. 31, 2004	
AGs on	ly: Period: (Oct. 22, 2004 - Dec. 5, 2004	
]	Annual Filing - Due January 15, 2	005	
Third I	Period: January 1, 2004 – December 3 Report suffices for 2005 Annual Filing i	1 2004	and 0
		. запинате аво шен кероп NOS. 1	anu Z
			Cumulative
	CONTRIBUTIONS SUMMAR		From Beginning of Report Period
			This Period #1 through End of This
			Reporting
1.	Total Monetary Contributions Received in Exc	cess of \$100	Period
		-	
2.	Total Monetary Contributions Received of \$10	00 or Less	
		This Period Cumulative From	
		Beginning of Report Period #1	
		Through End of This Reporting	
3.	Total Amount of Monetary Contributions	Period	1
	Received		
4	(Add Lines 1 and 2) Total Value of In Kind Contributions Received	:_	
→.	Excess of \$100		
		XPENSES SUMMARY	
5.	Total Monetary Expenses Paid in Excess of \$		000 00
6. 1	Fotal Monetary Expenses Paid of \$100 or Less	<i>≠</i>	
7. 1	otal Amount of All Monetary Expenses Pai	d Z	/
.) 8. T	Add Lines 5 and 6) Total Value of In Kind Expenses in Excess		1000 00
	of \$100		
		AFFIRMATION	
eclare ∪	Under Penalty of Perjury That the Foregoi	ng is True and Correct.	
)			
10	Mh Muno - NA	, <i>(</i>	10/20/21
ature)		1
01.doc	Revised:	Jan-04 PAGE	OF 3
	rio riocu.	FAGE	<u></u>

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
1			-
			-

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MEVADA Name (print)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
ELLEN ROIVISTO 1147 TIMBER RIDGECT LAS VEGAS 89110		4	\$500.00
BONNIE PARNELL 630 TRAVIS CARSON ONY 89701	J	1	\$250.00
RAY RAWSON 2217 SCARLOTTE ROSE LAS VEGAS NU SAISY	, J	10/1/04	# 250.00
	;		

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